

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 10.10
TITLE: BLEPHAROPLASTY

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CR 199.4(c)(2) and (e)(8)

TRICARE POLICY MANUAL: Chapter 3, Section 2.4

I. EFFECTIVE DATE

October 22, 1985

II. PROCEDURE CODE(S)

15820-15823, 67916-67917, 67923 - 67924, 67930-67935

III. DESCRIPTION

Plastic surgery of the eyelids.

IV. POLICY

Blepharoplasties are not covered except when significant impairment of vision is medically documented.

V. POLICY CONSIDERATIONS

A. The following information must be included on claims submitted for reimbursement of a blepharoplasty.

1. Two visual field studies: one with and one without lid elevation; and
2. Photographs, if available, showing the full face 3-way view; anteroposterior (AP), right and lateral views.

B. Claims with documentation of 15 degree or more compromise of the superior visual field may be paid without further justification. Claims with less than 15 but more than 5 degree compromise of the superior visual field are subject to medical review. Less than 5 degree compromise will be denied.

C. The following surgical descriptions are considered primarily functional.

1. Levator shortening procedure for ptosis.
2. Seventh nerve palsy repair.
3. Epiblepharon and ectropion procedures.

D. The following surgical descriptions are not functional and are considered primarily cosmetic in nature.

1. Orbital fat removal.
2. Supratarsal fixation.
3. Lower lid blepharoplasty. (Denial subject to medical review.)
4. Eyebrow lift (if done in conjunction with seventh nerve palsy repair, subject to medical review).

END OF POLICY